EDNA CRAVEN ESTATES
625 CLIFFORD AVENUE. • ROCHESTER, NEW YORK 14621
PHONE (585) 544-6655 • FAX (585) 544-8822
EMAIL:

Edna Craven Estates

With Application submission, the following documents are required:

- ☐ Copy of Driver's License or Photo ID for Household Members.
- ☐ Copy of Birth Certificates for **ALL** Household Members.
- ☐ Copies of Social Security for **ALL** Household Members.
- ☐ Proof of Household Income. (Six (6) Current Pay Stubs, Social Security Benefit letters, Pensions, DSS Budget Sheet, Proof of Section 8, etc.)
- ☐ Proof of Child Support (Support Obligation Summary and 12 month history of payments).
- ☐ Copy of Current Bank Statement(s).
- ☐ Copy of **current** Tax Return with W2's and 1099's.
- ☐ Copy of Life Insurance (Whole Life), Certificates of Deposit (CD's), Stocks & Bonds.
- ☐ $12 Application fee for one adult 18 years or older or $20 for two or more adults 18 years or older. Non-Refundable application fee (Money order or check only) **PLEASE NOTE: We do NOT accept cash**

****Note: Copies can be made at the Rental Office if needed.**

EQUAL HOUSING OPPORTUNITY

EDNA CRAVEN ESTATES
TENANT SELECTION PLAN

Eligibility Requirements

Edna Craven Estates is a multifamily complex with 164 units. Forty Eight (48) of the units will be marketed to qualifying homeless households and households at risk of homelessness tenants with nine fully adapted units set aside for persons with mobility impairments and four fully adapted units set aside for persons with hearing and/or visual impairments.

- ***Current income guidelines are:***

Maximum Income 30%	Maximum Income 50%	Maximum Income 60%	Maximum Income 80%
1 person $19,950	1 person $33,250	1 person $39,900	1 person $53,200
2 persons $22,800	2 persons $38,000	2 persons $45,600	2 persons $60,800
3 persons $25,650	3 persons $42,750	3 persons $51,300	3 persons $68,400
4 persons $28,500	4 persons $47,500	4 persons $57,000	4 persons $76,000

- Applicants must be U.S. citizens or Nationals or non-citizens who have eligible immigration status verified through the Department of Homeland's Security Alien Status Verification Index (ASVI). For U.S. citizens, a signed declaration of citizenship is required for each family member, regardless of age, as well as a birth certificate. In the case of a non-citizens, a signed declaration of eligible non-citizen status and proof of age. Citizen requirements will only apply to Project Based Voucher units.

- Applicants are asked to disclose social security numbers in order for the owner to make an eligibility determination. If a social security number is not provided, tenancy is not denied based solely on that factor.

- Any person applying for a unit in designated low income complex shall submit to the owner or owner's agent, a copy of the most recent New York State or Federal income tax return or an affidavit certifying the prior year's income along with the application for a unit.

- Policies to comply with Fair Housing:
    a. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD.

The Fair Housing Act and the New York State Human Rights Law prohibits discrimination in housing and housing related transactions based. • Age • Creed • Disability • Domestic violence victim status • Gender identity or expression • Familial status • Lawful source of income (in housing only) • Marital status • Military status • National origin • Predisposing genetic characteristics • Pregnancy-related condition • Prior arrest or conviction record • Race/color • Sex • Sexual orientation • Retaliation for opposing unlawful discriminatory practices

    b. It applies to housing, regardless of the presence of federal financial assistance.
    c. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.

- **Eligibility of Students for Other Assistance Programs**

1. *This paragraph applies to the Rent Supplement, RAP, Section 221(d)(3) BMIR, Section 236, Section 202 PAC, Section 202 or Section 811 PRAC programs.*

2. Owners must determine a student's eligibility for assistance at move-in, initial or annual recertification, and at the time of an interim recertification if one of the changes reported is that a household member is enrolled as a student, at an institution of higher education.

3. The student must meet **all** of the following criteria to be eligible. The student must:

   a. Be of legal contract age under state law;

   b. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, **or**

   c. Meet the U.S. Department of Education's definition of an independent student. (See the Glossary for definition of Independent Student);

   d. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and

   e. Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.

4. *The full amount of financial assistance paid directly to the student or to the educational institution and amounts of scholarships funded under title IV of the Higher Education Act of 1965, including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs, are excluded from annual income for the programs listed in 1, above (see paragraph 5-6 D and Exhibit 5-1.)*

Accepting Applications and Selecting from the Waiting List

- Anyone wishing to be admitted into Edna Craven Estates or placed on the waiting list, must complete and submit to the office, an application which will include name, sex, age, disability status (only when necessary to establish eligibility) of each household member; need for an accessible unit, if applicable; race/ethnicity of head of household; sources and estimates of anticipated annual income and assets. A complete list of all states any household member has resided is required. Applications will be stamped with date and time when received and placed in chronological order on the waiting list.

- All project based voucher vacancies (PBV) must be filled by Project based voucher eligible applicants from the Rochester Housing Authority PBV waitlist. For these units there is a separate application that needs to be completed along with housing application.

Applicants will be screened for credit history through a recognized screening service/data base such as RentGrow. Applicants must have a satisfactory credit report/rental history. Any applicant who provides:

1. Evidence of having made full payment of their rent on a timely basis or for prior 12 months, or
2. receives full rent subsidy from Section 8 Voucher, HUD/Vash, Public Assistance/FIPS, HOPWA/HASA, Rural Rental Assistance, Non-Profit Rental Assistance or other subsidy will be approved for the credit portion of the application process.

Individualized credit worksheets will be used to consider credit history. Screening will also be done for drug related or criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants. Applicants with criminal convictions will have a personal interview with the housing complex to complete the "worksheet for applying New York State Anti-Discrimination Policies when assessing applicants for State funded housing who have criminal convictions". (Edna Craven Estates may obtain a previous and current landlord written records of rent payment and history of major lease violations e.g. nonpayment of rent or use of premises for illegal purposes).

Admission will be denied if:

Any household member has an unacceptable landlord history, including inability to appropriately maintain housing in a decent safe and sanitary condition, history of unjustified and chronic nonpayment of rent, history of disturbing the quiet enjoyment of others, history of violence and harassment of others, history of violations of the terms of previous rental agreements such as destruction of the unit or surrounding premises.

If credit shows bankruptcy in certain cases, delinquencies, collections, money judgements and liens, in certain instances ("applicable debt").

There are two circumstances in which an Applicant's criminal history will automatically make them ineligible for housing:

1. Conviction for producing methamphetamine in the home.
2. Lifetime registrant on a State or Federal Sex Offender Registry.

Other convictions or pending arrests that may be considered involve physical danger or violence to persons or property or that adversely affected the health, safety and welfare of other people. However, an individual assessment must be done prior to a decision.

The worksheet for applying New York State Discrimination Policies when assessing applicants for State funded housing who have criminal convictions will provide you with the opportunity to answer questions regarding the conviction(s).

Convictions that have been excused by pardon, overturned on appeal or otherwise vacated will not be considered ineligible.

You may appeal an ineligible criminal decision within 14 business days.

Veteran's Preference

Preference will be given for admission to veterans as described in Section 85 of the Civil Service Law after properties initial full occupancy.
This will encompass **all veterans, or their surviving spouses, who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York State**.

Veterans eligible for the preference are those who:

a) were members of the Armed Forces of the United States:
b) served on active duty for other than training purposed in **time of war**:
c) were discharged honorably or released under honorable circumstances;
d) are residents of New York State;
e) have documented their eligibility by submitted Form DD214 (NAVPERS-553/NAVMC-78PD/WDAG-53,98) and for service in Lebanon, Grenada or Panama, the award of an appropriate expeditionary medal.

Unit Transfers

- Unit transfers may result when there is a change in family composition. Owner shall determine, according to occupancy standards, if the unit is still the appropriate size. Residents may be required to move if there is an appropriate size unit available, there is a market for the size unit resident will be vacating and if the resident will be remaining in the property. If it is determined a move is required, resident must move within 30 days after being notified a unit of required size is available.

- Accepted reasons for transfer are: inappropriate family composition for unit size; medical request including making reasonable accommodation for disabled resident requiring more accessible unit.

- A list of residents required to transfer will be maintained and vacancies will be filled chronologically when appropriate unit becomes available.

- Lateral transfers are not allowed unless it's for a reasonable accommodation.

- Transfer applicants take priority over admission applicants for 3 out of 4 apartments of each size.

Opening/Closing Waiting Lists

- Should the wait for an apartment become excessive, the owner may close the waiting lists for one or more unit size. Owner must advise potential applicants that the waiting list is closed and refuse to take applications. Owner must also publish a notice, stating the reason for refusing to take applications, in a publication likely to be read by potential applicants. (Democrat and Chronicle newspaper)

- When the owner agrees to accept applications again, the notice of this action must be announced in a publication likely to be read by potential applicants. Advertisements should include where and when to apply and conform to the Affirmative Fair Housing Marketing Plan. (Both actions require pre-approval by the New York State Homes and Community Renewal).

Waiting List

The waiting list shall be updated periodically. Canvassing letters of continued interest shall be sent to 10% of the waiting list.

Smoke Free Community

This property is a completely smoke-free facility.

Due to the increased risk of fire, the known health effects of secondhand smoke, and increased maintenance costs, smoking is prohibited in any area of the property, both private and common, indoors, and outdoors including entryways, balconies, and patios. This policy applies to all residents, guests, vendors, staff, and service persons. Residents are responsible for ensuring that all household members and guests comply with this rule. The term "smoking" is defined as inhaling, exhaling, burning or carrying any lighted cigarette, cigar, pipe, vape or other tobacco product in any manner or any form. Violation of this community rule will receive three warnings prior to termination.

Fees

- Incoming residents are required to pay a security deposit equal to one month's rent.

- No Pets allowed, only service and companion.

Unit Inspections

- Unit inspections are made jointly by owner or representative and resident. A unit inspection report must be signed by both owner/representative and resident indicating the condition of the unit. Resident has five (5) days to report any additional deficiencies. Any repair must be completed no more than 30 days after the effective date of the lease.

Annual Recertifications

- A review of family income and composition is conducted annually.

- Residents must supply information requested by the owner, prior to renewal of lease. Residents must sign consent forms, and owners obtain third party verification (whenever possible) of the following items: reported family annual income and the value of assets.
- **Residents also acknowledge that a household consisting entirely of full-time students as identified in Section 42 of Low Income Housing Tax Credit is prohibited from low income residence, unless they meet an allowable exemption.**

- At this time also, the resident must certify that no member of the household is subject to a state lifetime sex offender registration in any state. If the owner discovers a household member was erroneously admitted, (after June 25, 2001), the owner will immediately pursue eviction for that member or termination of assistance for the household member. If the family is unwilling to remove that individual, the owner must terminate assistance for the entire household.

House Rule Changes

- Certain house rules may be developed and listed in the lease as an attachment.

- Owners must give residents written notice 30 days prior to implementing any changes in house rules or adding new rules.

By signing below you (we) acknowledge receipt of the policy, and acknowledge that you (we) have read and understand its contents.

_____ _____

Name Date

_____ _____

Name Date

_____ _____

Witness Date

EDNA CRAVEN ESTATES
625 CLIFFORD AVE • ROCHESTER, NEW YORK 14621
PHONE (585) 544-6655 • FAX (585) 544-8822
EMAIL:.OFFICE@EDNACRAVENESATES.COM

We are interested in knowing how you happened to apply for an apartment with us, and would appreciate your answering a few short questions.

In which of the following ways did you hear of Cobbs Hill Village?

Please check any that apply.

- ☐ Our Website/Internet
- ☐ Apartmentguide.com
- ☐ Yellow Pages
- ☐ Just Driving By
- ☐ Facebook
- ☐ NYHousingSearch.gov
- ☐ Craigslist
- ☐ Renters Lifestyle
- ☐ Rent.com
- ☐ Rentals.com
- ☐ Zillow.com
- ☐ Referral
  - ☐ Relative
  - ☐ Friend
  - ☐ Agency_____ (please specify)

Sincerely,
Jennifer Fordham
Manager of Operations

THIS FORM MAY BE PHOTOCOPIED

AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____

Property Name: ***Edna Craven Estates***

Address: ***625 Clifford Avenue***

Rochester, NY 14621

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

Authorized Signature

Tax Credit Specialist
Title

Manuel A. Rosario
Print Name

Date

Release by Applicant(s)/Tenant(s)

I/We hereby authorize you to furnish all requested information.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

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EQUAL HOUSING OPPORTUNITY

Edna Craven Estates

HANDICAPPED ACCESSIBLE

LIHTC CERTIFICATION OF STUDENT ELIGIBILITY

Household Name: _____

Apartment #: _____

This section to be completed by applicant/resident.

For the purpose of this form, a full-time student is defined as one who is or will be carrying a full-time subject load at an institution with a degree or certificate program (including school-age children 16 years and older) or one who was carrying a full-time subject load during any portion of five months within the current calendar year.

Check One:

_____ This household has no full-time students as defined above.

_____ This household is NOT comprised ENTIRELY of full-time students as defined above

_____ ALL members of this household are full-time students, but the following checked item applies:

_____ A member of his household is receiving assistance under Title IV of the Social Security Act (TANF).

_____ A member of this household is enrolled in a job-training program receiving assistance under the JTPA (Job Training Partnership Act) or under similar Federal, State or Local laws.

_____ The entire household is composed of a Head of Household who is a single parent with children and such parent and children are not dependents (as defined in IRC Section 152) or another individual.

_____ The entire household is composed of individuals who are married and file a joint tax return.

_____ The entire household is occupied by full-time students who were previously under the care, placement and responsibility of a foster care program.

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

_____ _____

Applicant/Resident Signature Date

_____ _____

Applicant/Resident Signature Date

_____ _____

Applicant/Resident Signature Date

_____ _____

Applicant/Resident Signature Date

"Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6) (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6) (7) and (8).**

Form **4506-T**
(April 2023)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-T, visit *www.irs.gov/form4506t*.**

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use Get Transcript to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return.	**2b Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 Customer file number (if applicable) (see instructions)

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

12 / 31 / 2021	12 / 31 / 2022	/ /	/ /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ **Signature** (see instructions) — Date

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** — Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t*. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to *www.irs.gov* and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526

Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Return to:
Edna Craven Estates
1742 East Ridge Rd
Rochester, New York 14622

NON- SMOKING

For office use only:
Apt. Size: _____
Ant. Lease Date: _____
RHA: _____
DSS: _____

APPLICATION FOR APARTMENT AT:
Edna Craven Estates

Date_____
*Applications are placed in order of date and time received. An Applicant may be interviewed only after the receipt of this application.

Applicant Name(s): _____

Address: _____
Street Apt.# City State Zip

Please list all states in which any household member has resided:

Name: _____ States(s):_____

Email: _____

Daytime Phone: _____ Evening Phone: _____

# of Bedrooms in current unit: _____ Do you ☐RENT or ☐OWN (check one)

Amount of current monthly rental or mortgage payment: $_____

If owned, do you receive monthly rental income from property? ☐Yes ☐No (check one)

Check utilities paid by you: ☐Heat ☐Electricity ☐Gas ☐Other (specify:_____)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): $_____

Do you qualify as disabled under the following definition: ☐Yes ☐No (check one)

A person with disabilities for purposes of program eligibility is determined, pursuant to HUD Regulations, to have a physical, mental or emotional impairment that (A) is expected to be of long-continued and indefinite duration (B) substantially impedes his or her ability to live independently, and (C) is of such nature that the ability to live independently could be improved by more suitable housing conditions.

Do you require a reasonable accommodation: ☐Yes ☐No (check one)

I. HOUSEHOLD COMPOSITION

Unless assistance is required, this form must be completed by the applicant/tenant.
List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.
Do not include minors who will be present less than 50% of the time.
List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.

	HOUSEHOLD MEMBER NAME (First MI Last)	RELATIONSHIP	DOB	SSN	STUDENT?
1.		**HEAD**			[ ] YES [ ] NO
2.					[ ] YES [ ] NO
3.					[ ] YES [ ] NO
4.					[ ] YES [ ] NO

Are any household changes expected in the next 12 months: ☐Yes ☐No (check one)
If YES, please explain: _____

Are any student changes expected in the next 12 months: ☐Yes ☐No (check one)
If YES, please explain: _____

II. STUDENT STATUS	
Is every member of the household a FT student as defined above? *If NO continue to Section III* *If YES please complete the following questions:*	[ ] YES [ ] NO
Does a student receive assistance under Title IV of the Social Security Act *(i.e. TANF or AFDC but not SS or SSI)?*	[ ] YES [ ] NO
Was a student previously a foster child?	[ ] YES [ ] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[ ] YES [ ] NO
Is a student married and eligible to file a joint tax return?	[ ] YES [ ] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[ ] YES [ ] NO
Are the minors in the household claimed as a dependent by a parent?	[ ] YES [ ] NO

INCOME INSTRUCTIONS:

List gross amounts anticipated to be received in the 12 month period following move in or recertification.
For minors, include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets.
For adults, include both earned income from jobs and unearned income.
Answer each YES-NO question. For each YES include the gross amount and frequency.
Do NOT leave any unanswered questions.

III. HOUSEHOLD INCOME						
Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household. All adults must sign the form.						
	Head of Household			Co-Head and/or Other Member		
Type of Income	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
2. Overtime or shift pay	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
3. Bonus/commission/etc.	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
4. Do you have a 2nd job?	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
5. Seasonal/sporadic work	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
6. Tips	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
7. Cash pay	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
8. Self-employment income	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
9. Periodic gift income	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
10. Non cash contributions	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
11. Formal child support	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
12. Is child support awarded but not paid?		[ ] YES [ ] NO		[ ] YES [ ] NO	$	
13. Informal child support	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
14. Formal spousal support	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
15. Is spousal support awarded but not paid?		[ ] YES [ ] NO		[ ] YES [ ] NO	$	
16. Informal spousal support	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
17. Social Security	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
18. SSI	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
19. SSP	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
20. TANF, AFDC, etc.	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
21. Unemployment benefits	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
22. Worker's compensation	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
23. Severance pay	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
24. Pension income	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
25. Retirement acct payments	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
26. Investment acct payments	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
27. Annuity acct payments	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
28. Trust acct payments	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	

III. HOUSEHOLD INCOME (Continued)						
29. Disability/death benefits	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
30. Real estate rent income	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
31. Student financial aid	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
32. Military pay	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
33. Veterans/VA income	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
34. Other income:	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
35. Other income:	[ ] YES [ ] NO	$		[ ] YES [ ] NO	$	
36. Are any income changes expected in the next 12 months? [ ] YES [ ] NO *If YES please describe:*						
For each source of income checked YES above, please complete the following:						

Income #	HH Member	Name of Source	Address/Phone/Email

IV. HOUSEHOLD ASSETS				
List assets for all household members including minors *Cash value is market value minus any costs/penalties/fees required to convert to cash* *Do not list assets that are not accessible to the family*				
	Head of Household		Co-Head and/or Other Member	
Type of Asset	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
2. 2nd checking account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
3. Savings account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
4. 2nd savings account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
5. Debit /direct deposit card	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
6. 2nd debit card	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
7. Cash on hand	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
8. Certificate of Deposit	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
9. Other bank account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
10. Mutual Fund	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
11. Stocks	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
12. Portfolio/brokerage	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
13. IRA/401K/etc.	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
14. 2nd IRA/401K/etc.	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
15. Treasury bills/bonds	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
16. Company retirement acct	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
17. Annuity	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
18. Pension	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
19. Revocable trust	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
20. Life insurance (not term)	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
21. Real estate equity	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
22. Personal property held as investment	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
23. Other asset	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
24. Other asset	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
25. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? [ ] YES [ ] NO				
26. Has anyone disposed of any assets for less than fair market value in the past 2 years? [ ] YES [ ] NO				
If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:				

For each asset checked YES above, please complete the following:			
Asset #	HH Member	Name of Source	Address/Phone/Email

V. MEDICAL EXPENSES
List any reoccurring and unreimbursed medical, dental, mental health, disability and child care expenses for the next 12 months:

VI. ADDITIONAL INFORMATION
Are you or any member of your family currently using an illegal substance? ☐Yes ☐No
Have you or any member of your family ever been convicted of a felony or classified as a sex predator? ☐Yes ☐No If yes, please describe:
Have you or any member of your family ever resided at a Rochester Management Community? ☐Yes ☐No If yes, when and where:
Have you ever filed for bankruptcy? ☐Yes ☐No If yes, please describe:
Will you take an apartment when one is available? ☐Yes ☐No
Briefly describe your reason for applying:
Please list the bedroom size and style of the unit that interests you:
Are you on a Public Housing Waiting List? ☐Yes ☐No

VII. VEHICLE AND PET INFORMATION (if applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle	
Make/Model of Vehicle:	License Plate #:
Year:	Color:
Make/Model of Vehicle:	License Plate #:
Year:	Color:
Do you have any pets? ☐Yes ☐No If yes, please describe:	

VIII. REFERENCE INFORMATION	
Current Landlord	Name:
	Address:
	Home Phone:
	Business Phone:
	How long?

VIII. REFERENCE INFORMATION (continued)		
Previous Landlord	Name:	
	Address:	
	Home Phone:	
	Business Phone:	
	How long?	
Credit Reference	Company Name:	
	Account #:	
	Phone #:	
Personal Reference	Name:	
	Address:	
	Phone #:	Relationship:
Emergency Contact	Name:	
	Address:	
	Phone #:	Relationship:

VETERANS ADMISSION PREFERENCE: ☐ If head-or-co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference.

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

This development is operated under the supervision of the New York State Homes and Community Renewal. All questions must be answered in order to process the application.

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the facts herein stated.

I (we) understand that a credit inquiry and a Criminal Background check may be made in the course of processing this application.

All adult applicants, 18 or older, must sign application.

****Edna Craven Estates is a non-smoking building**

SIGNATURE(S):

_____ _____

(Signature of Tenant) Date

_____ _____

(Signature of Co-Tenant) Date

Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6) (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6) (7) and (8).**

EQUAL HOUSING OPPORTUNITY

EQUAL HOUSING OPPORTUNITY

HANDICAPPED ACCESSIBLE